

CTED 2005 – 2009 Consolidated Plan Development Team



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT
128 10TH AVENUE SW
PO BOX 42525
OLYMPIA, WA 98504-2525

Julie Wilkerson, Director

Sue Mauermann, Deputy Director

Stephen Buxbaum, Assistant Director, Housing Services Division

Corine Knudsen, Managing Director, Housing Finance Unit

Annie Conant, Project Manager

Caryn Horn, Administrative Support

Nancy Ousley, Assistant Director, Local Government Division

**Steven K. Washington, Managing Director, Community Development
Programs Unit**

**Dan Riebli, Program Manager, Community Development Block
Grant (CDBG) Program**

Kaaren Roe, Project Manager

Beth Rockwell, Administrative Support

Victor Vasquez, Assistant Director, Economic Development Division

Jim Keogh, Managing Director, Business Finance Unit

CERTIFICATIONS



CPMP State Grantee Certifications

Many elements of this document may be completed electronically, however a signature must be manually applied and the document must be submitted

in paper form to the Field Office.

☐ This certification does not apply.
☒ This certification is applicable. See signature on the last page.

STATE CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

Affirmatively Further Fair Housing -- The State will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about --
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will --
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted --
 - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.


Anti-Lobbying -- To the best of the state's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of State -- The submission of the consolidated plan is authorized under State law and the State possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.



Signature/Authorized Official

11/08/04

Date

Sue Mauermann

Name

Deputy Director
CTED

Title

128 10th Avenue SW
PO Box 42525

Address

Olympia, Washington 98504-2525

City/State/Zip

(360) 725-2804

Telephone Number

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | This certification does not apply. |
| <input checked="" type="checkbox"/> | This certification is applicable. See signature on the last page. |

Specific CDBG Certifications

The State certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR §91.115 and each unit of general local government that receives assistance from the State is or will be following a detailed citizen participation plan that satisfies the requirements of 24 CFR §570.486.

Consultation with Local Governments -- It has or will comply with the following:

1. It has consulted with affected units of local government in the nonentitlement area of the State in determining the method of distribution of funding;
2. It engages in or will engage in planning for community development activities;
3. It provides or will provide technical assistance to units of local government in connection with community development programs; and
4. It will not refuse to distribute funds to any unit of general local government on the basis of the particular eligible activity selected by the unit of general local government to meet its community development needs, except that a State is not prevented from establishing priorities in distributing funding on the basis of the activities selected.

Local Needs Identification -- It will require each unit of general local government to be funded to identify its community development and housing needs, including the needs of low-income and moderate-income families, and the activities to be undertaken to meet these needs.

Community Development Plan -- Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that have been developed in accordance with the primary objectives of Title I of the Housing and Community Development Act of 1974, as amended. (See 24 CFR 570.2 and 24 CFR part 570)

Use of Funds -- It has complied with the following criteria:

1. **Maximum Feasible Priority** - With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);
2. **Overall Benefit** - The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) 2005, 2006, 2007, (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;
3. **Special Assessments** - The state will require units of general local government that receive CDBG funds to certify to the following:

It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital

Jurisdiction

costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.


It will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force -- It will require units of general local government that receive CDBG funds to certify that they have adopted and are enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

Compliance With Anti-discrimination laws -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

Compliance with Laws -- It will comply with applicable laws.

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|  | <div style="border: 1px solid black; padding: 2px;">1/10/05</div> |
| Signature/Authorized Official | Date |
| <div style="border: 1px solid black; padding: 2px;">Sue Mauermann</div> | |
| Name | |
| <div style="border: 1px solid black; padding: 2px;">Deputy Director CTED</div> | |
| Title | |
| <div style="border: 1px solid black; padding: 2px;">128 10th Avenue SW PO Box 42525</div> | |
| Address | |
| <div style="border: 1px solid black; padding: 2px;">Olympia, Washington 98504-2525</div> | |
| City/State/Zip | |
| <div style="border: 1px solid black; padding: 2px;">(360) 725-2804</div> | |
| Telephone Number | |

☐ This certification does not apply.
☒ This certification is applicable. See signature on the last page.

Specific HOME Certifications

The State certifies that:

Tenant Based Rental Assistance -- If it intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the State's consolidated plan.

Eligible Activities and Costs -- It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through §92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in §92.214.

Appropriate Financial Assistance -- Before committing any funds to a project, the State or its recipients will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;

Sue Mauermann

Signature/Authorized Official

11/08/04

Date

Sue Mauermann

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|-------------------------------------|---|
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| <input checked="" type="checkbox"/> | This certification is applicable. See signature on the last page. |

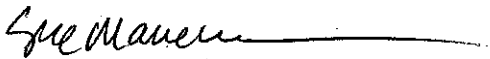
HOPWA Certifications

The State HOPWA grantee certifies that:

Activities -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Building -- Any building or structure assisted under the program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of any building or structure purchased, leased, rehabilitated, renovated, or converted with HOPWA assistance,
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.



Signature/Authorized Official

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| 11/08/04 |
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Date

| |
|---------------|
| Sue Mauermann |
|---------------|

Name

| |
|-------------------------|
| Deputy Director CTED |
|-------------------------|

Title

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|--------------------|
| 128 10th Avenue SW |
|--------------------|

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ESG Certifications

The Emergency Shelter Grantee certifies that:

1. The requirements of 24 *CFR* 576.21(a)(4) which provide that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services meet the following standards: (A) that the inability of the family to make the required payments must be the result of a sudden reduction in income; (B) that the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) that there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) that the assistance must not supplant funding for preexisting homeless prevention activities from any other source.
2. The requirements of 24 *CFR* 576.25(b)(2) concerning the submission by nonprofit organizations applying for funding of a certification of approval of the proposed project(s) from the unit of local government in which the proposed project is located.
3. The requirements of 24 *CFR* 576.53 concerning the continued use of buildings for which Emergency Shelter Grant funds are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.
4. The building standards requirement of 24 *CFR* 576.55.
5. The requirements of 24 *CFR* 576.56, concerning assistance to the homeless.
6. The requirements of 24 *CFR* 576.57, other appropriate provisions of 24 *CFR* Part 576, and other applicable Federal law concerning nondiscrimination and equal opportunity.
7. The requirements of 24 *CFR* 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
8. The requirements of 24 *CFR* 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.
9. (9) The requirements of 24 *CFR* 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the Emergency Shelter Grants Program and that the address or location of any family violence shelter project assisted with ESG funds will not be made public, except with written authorization of the person or persons responsible for the operation of the shelter.
10. The requirement of that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, and in providing services for occupants of these facilities as provided by 24 *CFR* 576.56(b)(2).
11. The new requirement of the McKinney Act (42 *USC* 11362) to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that State and local governments are primarily responsible for the care of these individuals, and that ESG funds are not to be used to assist such persons in place of State and local resources.

I certify that the State will comply with the requirements of 24 *CFR* Part 24 concerning the Drug Free Workplace Act


Jurisdiction

of 1988.

I certify that the State will comply with the provisions of, and regulations and procedures applicable under 24 CFR 576.57(e) with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58 as applicable to activities of nonprofit organizations funded directly by the State. The State also agrees to assume the Department's responsibility and authority as set forth in 24 CFR 576.57(e) for acting on the environmental certifications and requests for the release of funds submitted to the State by local government recipients.

I certify that the State will ensure the provision of the matching funds required by 24 CFR 576.51 and 42 USC 11375, including a description of the sources and amounts of such supplemental funds, as provided by the State, units of general local government or nonprofit organizations.

I further certify that the submission of a complete and approved Consolidated Plan with its relevant certifications, which is treated as the application for an Emergency Shelter Grant, is authorized under State law, and that the State possesses legal authority to fund the carrying out of grant activities by units of general local government and nonprofit organizations in accordance with applicable laws and regulations of the Department of Housing and Urban Development.


Signature/Authorized Official

11/08/04

Date

Sue Mauermann

Name

Deputy Director
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APPENDIX TO CERTIFICATIONS

Instructions Concerning Lobbying and Drug-Free Workplace Requirements

Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code) Check ☒ if there are workplaces on file that are not identified here. The certification with regard to the drug-free workplace is required by 24 CFR part 21.

| Place Name | Street | City | County | State | Zip |
|-------------------------|--------------------|---------|----------|-------|-------|
| Raad Building | 128 10th Avenue SW | Olympia | Thurston | WA | 98501 |
| Davis Williams Building | 906 Columbia St SW | Olympia | Thurston | WA | 98501 |
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7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules: "Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15); "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes; "Criminal drug statute" means a Federal or non-Federal criminal statute

Jurisdiction

involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including:

- i. All "direct charge" employees;
- ii. all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and
- iii. temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Note that by signing these certifications, certain documents must be completed, in use, and on file for verification. These documents include:

1. Analysis of Impediments to Fair Housing
2. Citizen Participation Plan
3. Anti-displacement and Relocation Plan



Signature/Authorized Official

11/08/04

Date

Sue Mauermann

Name

Deputy Director
CTED

Title

128 10th Avenue SW
PO Box 42525

Address

Olympia, Washington 98504-2525

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(360) 725-2804

Telephone Number

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

| | |
|----------------------------------|---|
| 2. Date Submitted 11/15/2004 | 4. HUD Application Number |
| 3. Date and Time Received by HUD | 5. Existing Grant Number |
| | 6. Applicant Identification Number DUNS #808-88-2303 |

| | | | |
|--|--|---|--|
| 7. Applicant's Legal Name Washington State DCTED | | 8. Organizational Unit Housing Division | |
| 9. Address (give city, county, State, and zip code) A. Address: 128-10th Ave SW B. City: Olympia C. County: Thurston D. State: Washington E. Zip Code: 98504-2525 | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Annie Conant B. Title: Program Manager C. Phone: (360) 725-2919 D. Fax: (360) 586-5880 E. E-mail: anniec@cted.wa.gov | |
| 11. Employer Identification Number (EIN) or SSN 91-08238820 | | 12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) A | |
| 13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | 14. Name of Federal Agency U.S. Department of Housing and Urban Development | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: HOME Investment Partnership Program Component Title: 14 -- 239 | | 16. Descriptive Title of Applicant's Program HOME for Washington State | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) State of Washington | | | |
| 18a. Proposed Program start date 1/1/05 | 18b. Proposed Program end date 12/31/05 | 19a. Congressional Districts of Applicant Third | 19b. Congressional Districts of Program Statewide |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | |
| 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review. | | | |
| 22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation. | | | |

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
|---------------------|----------------------|-----------------|-----------------|---------------------|-------------|--------------------|-------------|----------------|----------------------|
| HOME | 11,565,428.00 | | | | | | | | 11,565,428.00 |
| ADDI | 515,932.00 | | | | | | | | 515,932.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Grand Totals | 12,081,360.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12,081,360.00 |


* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| | | | |
|--|--|------------------------------|--|
| 23. Signature of Authorized Official  | | Name (printed) Sue Mauermann | |
| Title Deputy Director | | Date (mm/dd/yyyy) 11/15/84 | |

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

| | |
|----------------------------------|---|
| 2. Date Submitted 11/15/2004 | 4. HUD Application Number |
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| 7. Applicant's Legal Name Washington State DCTED | | 8. Organizational Unit Housing Division | |
| 9. Address (give city, county, State, and zip code) A. Address: 128-10th Ave SW B. City: Olympia C. County: Thurston D. State: Washington E. Zip Code: 98504-2525 | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Mollie Wood B. Title: Program Manager C. Phone: (360) 725-2943 D. Fax: (360) 586-5880 E. E-mail: molliew@cted.wa.gov | |
| 11. Employer Identification Number (EIN) or SSN 91-08238820 | | 12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) A | |
| 13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | 14. Name of Federal Agency U.S. Department of Housing and Urban Development | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 241 Title: Housing Opportunities for People with AIDS Component Title: | | 16. Descriptive Title of Applicant's Program HOPWA for Washington State | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) State of Washington | | | |
| 18a. Proposed Program start date 1/1/05 | 18b. Proposed Program end date 12/31/05 | 19a. Congressional Districts of Applicant Third | 19b. Congressional Districts of Program Statewide |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | |
| 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review. | | | |
| 22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation. | | | |

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
|---------------------|-------------------|-----------------|-----------------|---------------------|-------------|--------------------|-------------|----------------|-------------------|
| HOPWA | 652,000.00 | | | | | | | | 652,000.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Grand Totals | 652,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 652,000.00 |

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| | | | |
|---|--|---------------------------------|--|
| 23. Signature of Authorized Official  | | Name (printed) Sue Mauermann | |
| Title Deputy Director | | Date (mm/dd/yyyy) 11/15/2004 | |

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

| | |
|----------------------------------|---|
| 2. Date Submitted 11/15/2004 | 4. HUD Application Number |
| 3. Date and Time Received by HUD | 5. Existing Grant Number |
| | 6. Applicant Identification Number DUNS #808-88-2303 |

| | | | |
|--|--|--|--|
| 7. Applicant's Legal Name Washington State DCTED | | 8. Organizational Unit Housing Division | |
| 9. Address (give city, county, State, and zip code) A. Address: 128-10th Ave SW B. City: Olympia C. County: Thurston D. State: Washington E. Zip Code: 98504-2525 | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Mollie Wood B. Title: Program Manager C. Phone: (360) 725-2943 D. Fax: (360) 586-5880 E. E-mail: molliew@cted.wa.gov | |
| 11. Employer Identification Number (EIN) or SSN 91-08238820 | | 12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) A | |
| 13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | 14. Name of Federal Agency U.S. Department of Housing and Urban Development | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 231 Title: Emergency Shelter Grants Program Component Title: | | 16. Descriptive Title of Applicant's Program ESGP for Washington State | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) State of Washington | | | |
| 18a. Proposed Program start date 1/1/05 | 18b. Proposed Program end date 12/31/05 | 19a. Congressional Districts of Applicant Third | 19b. Congressional Districts of Program Statewide |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | |
| 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review. | | | |
| 22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation. | | | |

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
|---------------------|---------------------|-----------------|-----------------|---------------------|-------------|--------------------|-------------|----------------|---------------------|
| ESGP | 1,349,118.00 | | | | | | | | 1,349,118.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Grand Totals | 1,349,118.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,349,118.00 |

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| | | |
|---|--|---------------------------------|
| 23. Signature of Authorized Official  | | Name (printed) Sue Mauermann |
| Title Deputy Director | | Date (mm/dd/yyyy) 11/15/2009 |

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

| | |
|----------------------------------|--|
| 2. Date Submitted 11/15/2004 | 4. HUD Application Number |
| 3. Date and Time Received by HUD | 5. Existing Grant Number |
| | 6. Applicant Identification Number DUNS No. 808-88-2303 |

| | | | |
|--|--|---|--|
| 7. Applicant's Legal Name Washington State DCTED | | 8. Organizational Unit Local Government Division | |
| 9. Address (give city, county, State, and zip code) A. Address: 128 10th Avenue SW B. City: Olympia C. County: Thurston D. State: Washington E. Zip Code: 98504-2525 | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Steven K. Washington B. Title: Managing Director, Community Development Program C. Phone: 360/725-3005 D. Fax: 350/586-4152 E. E-mail: stevenw@cted.wa.gov | |
| 11. Employer Identification Number (EIN) or SSN 91-0823820 | | 12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) A | |
| 13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | 14. Name of Federal Agency U.S. Department of Housing and Urban Development | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: WA State CDBG Program 14 -- 228 | | 16. Descriptive Title of Applicant's Program Washington State Community Development Block Grant Program | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Non-entitlement cities and counties within the entire state of Washington | | | |
| 18a. Proposed Program start date 1/1/05 | 18b. Proposed Program end date 12/31/05 | 19a. Congressional Districts of Applicant Third | 19b. Congressional Districts of Program Statewide |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | |
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| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
|---------------------|----------------------|-------------------|-----------------|---------------------|-------------|--------------------|-------------|----------------|----------------------|
| State CDBG | 18,499,000.00 | 369,980.00 | | | | | | | 18,868,980.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| | | | | | | | | | 0.00 |
| Grand Totals | 18,499,000.00 | 369,980.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 18,868,980.00 |

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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23. Signature of Authorized Official

Sue Mauermann

Name (printed)

Sue Mauermann

Title

Deputy Director; Washington State Department of Community, Trade and Economic Development

Date (mm/dd/yyyy)

11/15/2004

Washington State 2004 Action Plan Amendment

The 2004 Action Plan Amendment addresses the state's Action Plan for the use of HUD's American Dream Downpayment Initiative resources in 2004. The following are sections of the 2004 Action Plan that are amended.

Table 2C: Summary of Specific Housing/Community Development Objectives

| Obj # | Owner Housing Objective | Performance Measure | Expected Units | Actual Units |
|-------|---|---|----------------|--------------|
| 1. | Invest ADDI resources to increase the number of low-income, special needs households who can successfully become first-time homebuyers. | Number of first time homebuyers assisted. | 80 | |

Anticipated State and Federal Resources by Program

| Affordable Housing | Federal Funds | State Funds |
|--|---|-------------|
| American Dream Downpayment Initiative (ADDI) | FY 2003 - \$437,212 FY 2004 - \$515,923 Total: \$953,135 | N/A |

American Dream Downpayment Initiative (ADDI)

Activity: ADDI funds will be used for downpayment assistance towards the purchase of single family housing by low-income families who are first-time homebuyers. Other eligible activities, for FY 2004 and subsequent years' funds, include rehabilitation that is completed in conjunction with a home purchase assisted with ADDI funds, including the cost of reducing lead paint hazards and remediating other health hazards. For FY 2003, rehabilitation will not be an eligible activity.

Eligible Households: Overall eligibility is restricted to households at or below 80 percent of the median family income level, who are first-time homebuyers. ADDI funds will also be prioritized for households who are disabled (including persons with a development disability) at or below 50 percent of the median family income, who are first-time homebuyers. A first-time homebuyer is an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home with assistance under ADDI.

FY 2003 ADDI

The entire FY 2003 ADDI funds will be awarded to the Washington State Housing Finance Commission (WSHFC) homeownership program to serve households at or below

80 percent of the median family income, who are first-time homebuyers. The WSHFC will be required to administer these funds in accordance with 24 CFR 92.254 and all other terms and conditions promulgated by CTED, including choosing a resale or recapture option that meets all federal requirements.

FY 2004 ADDI

Fifty percent of the FY 2004 ADDI funds will be made available competitively through the state Housing Trust Fund (HTF)'s application process. The target population, for funds made available competitively, will be households with incomes at or below 50 percent of median family income who are disabled (including persons with a developmental disability) and who are first-time homebuyers. The following are the guidelines governing this component of the 2004 ADDI allocation.

- Applications will be accepted semi-annually.
- Elements of each proposal shall include, but not limited to: a description of organizational capacity, any existing homeownership program experience, use of funds and eligible costs, form of financial assistance to the potential homeowner, type of properties and property standards, income eligibility and screening, long-term affordability (including a resale or recapture option that meets all federal requirements), and capacity to ensure compliance with 24 CFR 92.254 and all other federal requirements.
- The criteria we will use to evaluate projects will cover four basic areas: project need; financial feasibility; organizational capacity; and project design.
- ADDI funds will be used for grants, deferred or amortized loans, and will be administered directly by the local government, housing authority, or non-profit organization receiving the funds.
- ADDI funds will be supplemented dollar for dollar (up to a maximum of \$10,000 per household), with other HOME funding.

At the end of a program year, any ADDI funds that have not been awarded to a local government, nonprofit organization, housing authority or otherwise eligible project applicant for disabled homebuyers, shall be awarded to the WSHFC's homeownership program.

The other half (50 percent) of the FY 2004 allocation, will be awarded to the WSHFC's homeowner program to serve households at or below 80 percent of median family income, who are first-time homebuyers. The WSHFC will be required to administer these funds in accordance with 24 CFR 92.254 including choosing a resale or recapture option that meets all federal requirements.

Geographic Allocation: Funds will be awarded to projects statewide, including those located in local HOME PJ and CDBG entitlement jurisdictions.

Targeted Outreach Plan: As a condition of award of ADDI funds, each contractor (including the WSHFC) will be required to develop and implement a plan for conducting targeted outreach to residents and tenants of public and manufactured housing, and to

other families assisted by public housing agencies to ensure that ADDI funds can be accessed by such families. Semi-annually, CTED will also provide housing authorities, manufactured housing advocacy groups, the Washington State Coalition for the Homeless and the Washington State Low Income Housing Alliance with information on the award of ADDI funds so that impacted communities are made aware of ADDI funds in their local area. CTED's website will contain up-to-date information on ADDI programs that have been funded.

Actions to Maintain Homeownership: As a condition of award of ADDI funds, each contractor will be required to provide homebuyer training and counseling designed to ensure the ability of prospective homebuyers to undertake the purchase of their first home and to maintain their home.